

## **Application Data Sheet**

### **Application Information**

Application number::

Filing Date::

Application Type:: Regular

Subject Matter:: Utility

Suggested classification::

Suggested Group Art Unit::

CD-ROM or CD-R?:: None

Number of CD disks::

Number of copies of CDs::

Sequence submission?:: Paper

Computer Readable Form (CRF)?:: NO

Number of copies of CRF::

Title:: METHODS AND COMPOSITIONS FOR  
MULTIPLEX AMPLIFICATION OF NUCLEIC  
ACIDS

Attorney Docket Number:: 003848.00135

Request for Early Publication?:: NO

Request for Non-Publication?:: NO

Suggested Drawing Figure::

Total Drawing Sheets:: 2

Small Entity?:: NO

Latin name::

Variety denomination name::

Petition included?:: NO

Petition Type::

Licensed US Govt. Agency::

Contract or Grant Numbers::

Secrecy Order in Parent Appl.?:: NO

## **Applicant Information**

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: JAPAN  
Status:: Full Capacity  
Given Name:: HAJIME  
Middle Name::  
Family Name:: MATSUZAKI  
Name Suffix::  
City of Residence::  
State or Province of Residence:: CA  
Country of Residence::  
Street of mailing address:: 562 KENDAL AVENUE, # 26  
City of mailing address:: PALO ALTO  
State or Province of mailing address:: CA  
Country of mailing address:: US  
Postal or Zip Code of mailing address:: 94306

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: US  
Status:: Full Capacity  
Given Name:: ERIC  
Middle Name::  
Family Name:: MURPHY  
Name Suffix::  
City of Residence:: SAN FRANCISCO  
State or Province of Residence:: CA  
Country of Residence:: US  
Street of mailing address:: 1786 34<sup>TH</sup> AVENUE  
City of mailing address:: SAN FRANCISCO  
State or Province of mailing address:: CA

Country of mailing address:: US  
Postal or Zip Code of mailing address:: 94122  
  
Applicant Authority Type:: Inventor  
Primary Citizenship Country::  
Status:: Full Capacity  
Given Name::  
Middle Name::  
Family Name::  
Name Suffix::  
City of Residence::  
State or Province of Residence::  
Country of Residence::  
Street of mailing address::  
  
City of mailing address::  
State or Province of mailing address::  
Country of mailing address::  
Postal or Zip Code of mailing address::

### **Correspondence Information**

Correspondence Customer Number:: 22907

### **Representative Information**

Representative Customer Number:: 22907

### **Domestic Priority Information**

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
This Application	Divisional of	09/989,441	11/21/01
09/989,441	Continuation of	09/099,301	06/18/98

09/099,301	Non-Provisional of	60/050,405	06/20/97

### Foreign Priority Information

Country::	Application number::	Filing Date::	Priority Claimed::

### Assignee Information

Assignee name:: AFFYMETRIX, INC  
 Street of mailing address:: 3380 CENTRAL EXPRESSWAY  
 City of mailing address:: SANTA CLARA  
 State or Province of mailing address:: CA  
 Country of mailing address:: US  
 Postal or Zip Code of mailing address:: 95051